

ST TAMMANY PARISH SCHOOL BOARD  
HUMAN RESOURCES DEPARTMENT  
POST OFFICE BOX 940  
COVINGTON, LOUISIANA 70434-0940

Posted _____
Computer _____
Agenda _____

DISCONTINUANCE OF ACTIVE EMPLOYMENT STATUS

The undersigned, \_\_\_\_\_, \_\_\_\_\_  
(Print Full Name) (Social Security Number)  
will cease active employment as \_\_\_\_\_ of/ for  
(Position)  
\_\_\_\_\_, at \_\_\_\_\_ at the close of  
(Grade(s)/Subject(s)/Department) (Name of School/Location)  
business on \_\_\_\_\_ due to the reason(s) checked below:  
(Date)

\_\_\_\_\_ retirement: \_\_\_\_\_ service \_\_\_\_\_ disability  
\_\_\_\_\_ release  
\_\_\_\_\_ resignation \_\_\_\_\_  
(Please give reason for resignation.)  
\_\_\_\_\_

Comments by Principal/Department Head: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you rehire? Yes \_\_\_ No \_\_\_  
If NO, State Reason \_\_\_\_\_  
\_\_\_\_\_

Signature of Principal/Dept. Head \_\_\_\_\_ Date \_\_\_\_\_

(I hereby certify that the above information is true and correct. I agree to contact the Human Resources Department to complete all other necessary paperwork in regard to group health/life insurance, retirement, final pay etc., after submitting this form.)

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_